

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>								SERIAL NO. <i>10/54986U</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1			1		53						
4		1				1	54						
5		4			4		55						
6		4			4		56						
7	①			4			57						
8	①			4			58						
9	①			4			59						
10	①			4			60						
11	①			4			61						
12	①			4			62						
13	①			4			63						
14	①			4			64						
15	①			4			65						
16	①			4			66						
17	①			4			67						
18	①			4			68						
19	①			4			69						
20	①			4			70						
21	1			1			71						
22	1			1			72						
23		1		1			73						
24		3		2			74						
25	①			2			75						
26	1						76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓	3		↓							
TOTAL DEP.	30	←	41	←		←							
TOTAL CLAIMS	34		31										